

May 13, 2009

09ENV-014

US EPA Region 7
Air, RCRA, and Toxics Division
RCRA Enforcement and State Programs Branch
ARTD/RESP
901 N. 5th Street
Kansas City, KS 66101

Subject: Climax Molybdenum Company EPA RCRA ID# IAD000222653 Change of Site's Responsible Official

Dear Sir/Madam,

I have enclosed an updated EPA Form 8700-12, which reflects the new site responsible official for our facility in Fort Madison, Iowa.

If you have any questions, please contact me at (319) 463-2224.

Sincerely,

Scott Ickes

Manager of QA and Environmental Affairs

Climax Molybdenum Co.

RESP RECEIVED
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OMB#: 2050-0028 Expires 06/30/2009

OFILE COLUMN								
SEND COMPLETED FORM TO: The Appropriate State or	te or							
EPA Regional Office.	RCRA SUBTITLE C SITE IDENTIFICATION FORM							
1. Reason for	Reason for Submittal:							
Submittal (See instructions on page 13.)	☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)							
	To provide Subsequent Notification of Regulated Wests Asticity (
MARK ALL BOX(ES) THAT APPLY	As a component of a First RCRA Hazardous Waste Part A Permit Application							
	As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)							
	As a component of the Hazardous Waste Report							
2. Site EPA ID	EPA ID Number							
Number (page 14)	I A D I 0 0 1 2 2 2 1 6 5 3							
3. Site Name (page 14)	Name: Climax Molybdenum Company							
4. Site Location	Street Address: 2598 Highway 61							
Information (page 14)	City, Town or Village: Fort Madis and							
0			State: IA					
	County Name: Lee Zip Code: 52627							
5. Site Land Type (page 14)	Site Land Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other							
6. North American Industry	A. B.							
Classification	C. D. D. D. D. D. D. D.							
System (NAICS) Code(s) for the	C. 	D.						
Site (page 14)								
7. Site Mailing Address	Street or P. O. Box: P.O. Box 220							
(page 15)	City, Town, or Village: Fort Madison							
	State: IA							
	Country: USA	Zip Code: 52627						
8. Site Contact Person	First Name: Scott	MI: A	Last Name: Ickes					
(page 15)	Phone Number: 319-463-2224 Extension: Email address: Scott_lckes@fmi.com		om					
9. Operator and Legal Owner	A. Name of Site's Operator: Climax Molybdenum Company		Date Became Operator (mm/dd/yyyy): 12/02/1999					
of the Site	Operator Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other							
(pages 15 and 16)	B. Name of Site's Legal Owner: Date Became Owner (mm/dd/yyyy):							
	Freeport McMoRan Copper and Gold, Inc.	03/19/2007						
	Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other							
EPA Form 8700-12	(Revised 7/2006)			Page 1 of 2				

9. Legal Owner	D 0 0 0 1 2 2 2 1 6 5 3 OMB#: 2050-0028 Expires 06/30/200 Street or P. O. Box: One North Central Avenue					
(Continued) Address	City, Town, or Village: Phoenix					
	State: AZ					
	Country: USA	Zip Code: 85004				
10. Type of Regulated Mark "Yes" or "No	Waste Activity					
A Hamardana M.	to all activities, complete any additional box	xes as instructed. (See instructions on pages 17 to 20.)				
A. Hazardous Wa Complete all pa	ste Activities arts for 1 through 6.					
Y☑ N☐ 1. Generator	of Hazardous Waste	Y N Z 2 Transporter of U				
If "Yes", c	hoose only one of the following - a, b, or c.	Y□ N☑ 2. Transporter of Hazardous Waste				
a. LQG	: Greater than 1,000 kg/mo (2,200 lbs./mo.)	Y☐ N☑ 3. Treater, Storer, or Disposer of				
of non-acute hazardous waste; or		Hazardous Waste (at your site) Note: A hazardous waste permit is required for this				
☐ b. SQG	100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)	activity.				
	of non-acute hazardous waste; or	Y□ N☑ 4. Recycler of Hazardous Waste (at your				
☑ c. CESC	QG: Less than 100 kg/mo (220 lbs./mo.)	site)				
	of non-acute hazardous waste	Y□ N☑ 5. Exempt Boiler and/or Industrial Furnace				
In addition, in	ndicate other generator activities.	If "Yes", mark each that applies. ☐ a. Small Quantity On-site Burner				
Y□ N☑ d. United	d States Importer of Hazardous Waste	Exemption b. Smelting, Melting, and Refining Y N 6. Underground Injection Control				
Y□ N☑ e. Mixed	Waste (hazardous and radioactive) Generator					
B. Universal Waste	Activities					
□ NI 1 Large Ouand	She Hamilton Co.	C. Used Oil Activities Mark all boxes that apply.				
5,000 kg or r	ity Handler of Universal Waste (accumulate nore) [refer to your State regulations to					
determine w	hat is regulated]. Indicate types of universal	Y□ N ☑ 1. Used Oil Transporter If "Yes", mark each that applies.				
mark all box	es that apply: Manage	a. Transporter				
	<u>manage</u>	□ b. Transfer Facility				
a. Batteries		Y N 2. Used Oil Processor and/or Re-refiner				
b. Pesticides		If "Yes", mark each that applies.				
· ·	taining equipment	□ a. Processor □ b. Re-refiner				
d. Lamps						
e. Other (specif		Y□ N☑ 3. Off-Specification Used Oil Burner				
g. Other (specif	y)	Y□ N☑ 4. Used Oil Fuel Marketer				
a. Oner fahecii	y)	If "Yes", mark each that applies. a. Marketer Who Directs Shipment of				
INIZI 2 Doggio		Off-Specification Used Oil to				
אנייניב. Destination Fa	acility for Universal Waste us waste permit may be required for this activity.	Off-Specification Used Oil Burner b. Marketer Who First Claims the				
	be required for this activity.	Used Oil Meets the Specifications				

					22 2000 00.	20 Expires 00/30/20
11. Description	of Hazardous Was	tes (See instruction	ns on page 21.)			
riandied at	des for Federally Re your site. List them page if more spaces	in the order they ar	s Wastes. Pleas e presented in the	e list the waste coo regulations (e.g., l	les of the Federal haz	zardous wastes 112). Use an
D001	D006	D008	D009	F003	U228	
nazardous (des for State-Regula wastes handled at yourseles are needed for was	our site. List them it	eral) Hazardous Venthe order they ar	Vastes. Please lis e presented in the	t the waste codes of t regulations. Use an a	he State-regulated additional page if
		-				
	,	·				
12. Comments (See instructions on	page 21.)				
· ·		•		·		
				 		
13. Certification.	I certify under pena	lty of law that this d	ocument and all at	tachments were pr	epared under my dire	ection or supervision
on my inquiry of the information submit penalties for submit	e person or persons ted is, to the best of itting false informatio ardous Waste Part A	to assure that qualit who manage the sy my knowledge and n, including the pos	ried personnel properstem, or those per belief, true, accurates dibility of fine and	perly gather and eversons directly responsed in the second complete. It is and complete to the second contract for the second	raluate the information onsible for gathering to the aware that there	n submitted. Based he information, the are significant
Signature of operator, owner, or an authorized representative						Date Signed (mm/dd/yyyy)
Lany la	Jurgow	Gary Glasgow	General	Manager		05/13/2009
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PA Form 8700-1	2 (Revised 7/2006)))				
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by 2009 MAY 2009





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F R O M



A Freeport-McMoRan Company
P.O. BOX 220 · FORT MADISON, IOWA 52627

TO:

US EPA Region 7
Air, RCRA, and Toxics Division
RCRA Enforcement and State Programs
ARTD/RESP
901 N. 5th St.
Kansas City, KS 66101